IDAHO CHILD CARE RE-EVALUATION FORM

Use this form to complete a re-evaluation of eligibility for Idaho Child Care Program (ICCP) assistance. Please note, if you have foster children in your home who are currently receiving ICCP assistance, and are due for a re-evaluation, please contact your assigned child welfare social worker for guidance.

SECTION 1: INFORMATION FOR ALL PEOPLE IN YOUR HOUSEHOLD

Please provide contact information for the primary person on the case (the person mail is addressed to).

Name	Phone		Type ☐ Home ☐ Cell ☐ Work ☐ Other _____	
Street address	City	County	State	Zip code
Mailing address (if different)	City	County	State	Zip code

If you don't have a phone, please provide a name and contact information for someone who can take a message for you:

Name	Phone	E-mail

List everyone living in your home. Attach additional sheets of paper, if necessary.

Full name	Gender	DOB	Relationship to you	US citizen?	SSN or Alien ID #
	☐ M ☐ F		Self	☐ Yes ☐ No	
	☐ M ☐ F			☐ Yes ☐ No	
	☐ M ☐ F			☐ Yes ☐ No	
	☐ M ☐ F			☐ Yes ☐ No	
	☐ M ☐ F			☐ Yes ☐ No	
	☐ M ☐ F			☐ Yes ☐ No	
	☐ M ☐ F			☐ Yes ☐ No	

Do you have any students in your home? ☐ Yes ☐ No

Tell us about everyone in the home who is 16 or older and is attending or planning to attend school.

Student name	School name	Hours per week	Expected graduation date

Immunizations for your child(ren) must be current. Are your child(ren)'s immunizations current? ☐ Yes ☐ No

Please list any child whose immunizations are not current.

Name(s)

SECTION 2: HOUSEHOLD INCOME

Tell us about all income your household receives. We want to know about the most recent 30 days, as well as any money received quarterly or annually. Income is money earned (wages or salary) from a job or self-employment, or other sources such as unemployment benefits, Social Security, Supplemental Security Income (SSI), child support, tips, student financial aid, veterans affairs (VA), cash gifts, cash loans, pensions or trusts, railroad retirement, rental income, retirement funds, etc.

☐ Check this box if there is no income coming into your household. Please attach a written statement explaining how you make ends meet.

Name of person with income		Source of income/employer name		Employer phone	
How often paid	Hours per week	Hourly rate of pay	Monthly income (pre-tax)	Start date	Expected to change? ☐ Yes ☐ No

Name of person with income		Source of income/employer name		Employer phone	
How often paid	Hours per week	Hourly rate of pay	Monthly income (pre-tax)	Start date	Expected to change? ☐ Yes ☐ No

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Name of person with income		Source of income/employer name		Employer phone	
How often paid	Hours per week	Hourly rate of pay	Monthly income (pre-tax)	Start date	Expected to change? ☐ Yes ☐ No

Is anyone in your household self-employed? ☐ Yes ☐ No If yes, please tell us who and how many hours they work:

Name	Hours per week

Examples of self-employed individuals include independent contractors, baby-sitters, daycare providers, home-based owners, or persons receiving rental income. Self-employment operations include S-Corps, partnerships, and limited liability companies.

Attach proof of income

Send us proof of all your income. Examples of acceptable proof include copies of the following:

- Wage stubs for the last 30 days
- Work verification form
- Statement of Child Support income
- Contracts
- Termination of employment form
- Tax returns (personal and business for self-employed)
- Award letters
- Payments from pensions, annuities, or lease payments

RE-EVALUATION CHECKLIST

Use the checklist below to help make sure you have completed all necessary parts of the re-evaluation process. **Failure to complete all of these steps may cause your benefits to be late or close.** If the Department needs more information, you will receive a notice in the mail.

Please make sure you:

- ☐ Check all information and answer all questions on the form.
- ☐ Provide proof of all income listed on the form.
- ☐ Provide a completed and signed Monthly Dependent Care Charges Form if your provider or charges changed.
- ☐ Provide a copy of your class schedule if you are attending school.
- ☐ Read and initial the Rights and Responsibilities below.
- ☐ Sign and date the form below.

RIGHTS & RESPONSIBILITIES

I understand that:

_____ I could be sanctioned and required to return any benefits I receive if my information is not true. Sanctions may include administrative, civil, or criminal actions against me, including prosecution.

_____ I consent to the gathering, use, and disclosure of my information by the Idaho Department of Health and Welfare. I understand the information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services, and for normal business operations of the Department.

_____ I have the right to revoke this consent, in writing, at any time except to the extent the Department has already used and disclosed my information in reliance on this consent. If I revoke this consent, the Department may not provide me further benefits or services.

_____ I will be notified of my right to appeal Department decisions, and I can contact the Department for information on the appeal process.

_____ My signature certifies that the citizenship/immigration status marked in Section 1 is correct for each person applying for child care assistance.

Under penalty of perjury, I swear or affirm the information I have provided is true and complete. My signature confirms that I have read and understand the Rights & Responsibilities listed on this page.

Signature: _____ Phone: _____ Date: _____

Signature: _____ Phone: _____ Date: _____

If you are due for a child care re-evaluation now, return this form by the 15th of the month in order to continue receiving child care assistance. Visit your local office or use the following contact information to turn in your re-evaluation paperwork or ask us a question:

Mail: Self Reliance Programs
PO Box 83720
Boise, ID 83720-0026

Fax: 1-866-434-8278
Email: iccpunit@dhw.idaho.gov
Phone: 1-877-456-1233